

Credit Account Application Form

In order that your application for a credit account may be processed, please complete this form and return it to us either by post or by fax.

***In addition to this form we would appreciate it if you could supply us with copies of the following:-
Proof of Hired In Plant Insurance, 2 Utility Bills & a copy of your letter headed paper.***

Registered Name and Address of Company

COMPANY NAME _____
CONTACT NAME _____
ADDRESS _____

POSTCODE _____ TIME AT ADDRESS _____
TELEPHONE _____ FAX NO _____
MOBILE NO. _____ EMAIL _____
CO REGISTRATION NO. _____ VAT No. _____

HOME ADDRESS FOR SOLE TRADER OR PARTNERSHIPS

Please give below details of two trade references

<i>Company Name</i>	_____	<i>Company Name</i>	_____
<i>Address</i>	_____	<i>Address</i>	_____
	_____		_____
	_____		_____
<i>Postcode</i>	_____	<i>Postcode</i>	_____
<i>Telephone</i>	_____	<i>Telephone</i>	_____
<i>Facsimile</i>	_____	<i>Facsimile</i>	_____

AUTHORISED SIGNATURE _____ DATE _____
FULL NAME _____
FOR AND ON BEHALF OF _____